

**MASSACHUSETTS DIVISION OF LABOR RELATIONS**  
**REQUEST FOR COLLABORATIVE BARGAINING TRAINING/FACILITATION**

Charles F. Hurley Building, 19 Staniford Street, 4<sup>th</sup> Floor, Boston, Massachusetts 02114  
Telephone (617) 626-6921 Fax (617) 626-6933

**LABOR ORGANIZATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Labor Representative**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**EMPLOYER**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Employer Representative**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Number of Participants in Training:** \_\_\_\_\_

**Current Bargaining Status:** \_\_\_\_\_  
\_\_\_\_\_

**Specify Training or Facilitation Request:**

\_\_\_\_\_  
\_\_\_\_\_

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**SIGNATURES:**

\_\_\_\_\_  
Labor Representative

\_\_\_\_\_  
Employer Representative

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Training requests **must** be jointly filed. Specific questions can be directed to either the Boston Office at (617) 626-6921 or to the Western Regional Office (413) 784-1230. Parties seeking training will be provided the training materials in advance of the training and are responsible for providing copies to participants. Please contact the Division staff for information on the facilities and materials needed for training.

CBT # \_\_\_\_\_

Trainer Assigned: \_\_\_\_\_